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PTO/SB/01 (12-97)
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Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	BIM-047	
	First Named Inventor	David M. Heffelfinger	
	COMPLETE IF KNOWN		
	Application Number	/	
	Filing Date		
	Group Art Unit		
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

PHOTON EFFICIENT SCANNER

the specification of which

(Title of the Invention)

☒ is attached hereto
OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number 003897 OR ☒ Registered practitioner(s) name: registration number listed below

Place Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number
Thomas Schneck	24,518	David M. Schneck	43,094
Mark Protsik	31,788	Gina McCarthy	42,986
John P. McGuire, Jr.	41,984		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto

Direct all correspondence to: ☒ Customer Number 003897 OR ☒ Correspondence address below

Name	Thomas Schneck				
Address	P.O. Box 2-E				
Address					
City	San Jose	State	CA	ZIP	95109-0005
Country	USA	Telephone	408/297-9733	Fax	408/297-9748

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
David M.		Heffelfinger			
Inventor's Signature	<i>David M. Heffelfinger</i>			Date	6/14/01
Residence: City	Oakland	State	CA	Country	U.S.A.
				Citizenship	U.S.A.
Post Office Address	8990 McGurrian Road				
Post Office Address					
City	Oakland	State	CA	ZIP	94605
				Country	U.S.A.

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
Aram P.				Schiffman				
Inventor's Signature				Date				
Residence: City		San Ramon	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address		49 Nead Place						
Post Office Address								
City		San Ramon	State	CA	ZIP	94583	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
Bala S.				Manian				
Inventor's Signature				Date				
Residence: City		Los Altos Hills	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address		14240 Berry Hill Court						
Post Office Address								
City		Los Altos Hills	State	CA	ZIP	94022	Country	U.S.A.
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Inventor's Signature				Date				
Residence: City			State		Country		Citizenship	
Post Office Address								
Post Office Address								
City			State		ZIP		Country	

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Examiner Name		

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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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☒ Customer Number 003897

OR

☒ Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number
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Mark Protsik	31,788	Gina McCarthy	42,986
John P. McGuire, Jr.	41,984		

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Direct all correspondence to: ☒ Customer Number or Bar Code Label 003897 OR ☒ Correspondence address below

Name	Thomas Schneck				
Address	P.O. Box 2-E				
Address					
City	San Jose	State	CA	ZIP	95109-0005
Country	USA	Telephone	408/297-9733	Fax	408/297-9748

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Name of Sole or First inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname	
David M.		Heffelfinger	
Inventor's Signature		Date	
Residence: City	Oakland	State	CA
		Country	U.S.A.
Post Office Address	8990 McGurrian Road		
Post Office Address			
City	Oakland	State	CA
		ZIP	94605
		Country	U.S.A.

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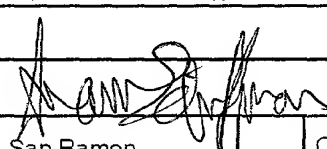
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Given Name (first and middle [if any])		Family Name or Surname	
Aram P.		Schiffman	
Inventor's Signature			Date 06/21/98
Residence: City	San Ramon	State CA	Country U.S.A.
Post Office Address	49 Nead Place		
Post Office Address			
City	San Ramon	State CA	Country U.S.A.
ZIP	94583	Country	U.S.A.
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Given Name (first and middle [if any])		Family Name or Surname	
Bala S.		Manian	
Inventor's Signature			Date
Residence: City	Los Altos Hills	State CA	Country U.S.A.
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